

## **Application Data Sheet**

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD Disks::  
Number of Copies of CDs::  
Sequence Submission?::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: ACTIVE AGENT DELIVERY DEVICE  
Attorney Docket Number:: RODDENBERY2  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 1  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Ed  
Middle Name::

Family Name::	RODDENBERY
Name Suffix::	
City of Residence::	Columbus
State or Province of Residence::	Georgia
Country of Residence::	USA
Street of Mailing Address::	2844 Nancy Street
City of Mailing Address::	Columbus
State or Province of Mailing Address::	Georgia
Country of Mailing Address::	USA
Postal or Zip Code of Mailing Address::	31906
Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	Robert
Middle Name::	
Family Name::	STOVER
Name Suffix::	
City of Residence::	Thomasville
State or Province of Residence::	Georgia
Country of Residence::	USA
Street of Mailing Address::	15 Spring Bok Lane
City of Mailing Address::	Thomasville
State or Province of Mailing Address::	Georgia
Country of Mailing Address::	USA
Postal or Zip Code of Mailing Address::	31792
Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	Charles
Middle Name::	D.
Family Name::	BLACK
Name Suffix::	Jr.
City of Residence::	Cleveland

State or Province of Residence:: Georgia  
Country of Residence:: USA  
Street of Mailing Address:: 126 Foxwood Street  
City of Mailing Address:: Cleveland  
State or Province of Mailing Address:: Georgia  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 30528  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Robert  
Middle Name:: M.  
Family Name:: FULLER  
Name Suffix::  
City of Residence:: Helen  
State or Province of Residence:: Georgia  
Country of Residence:: USA  
Street of Mailing Address:: Box 908  
City of Mailing Address:: Helen  
State or Province of Mailing Address:: Georgia  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 30545

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::

**Foreign Priority Information**

Country:: Application Number:: Filing Date:: Priority Claimed::

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::